	•		Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								·	0/	36		9012	J5001
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTIT	Y	OR		R THAN ENTITY
TOTAL CLAIMS			22					RATE	F	EE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		* 2			X\$ 9:	=		OR	X\$18=	36
INDEPENDENT CLAIMS			= 3 minus 3 =		<u> </u>			X43=			OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		-	OR	+290=	
* If the difference in column 1 is less than zero, enter						column 2		TOTAL			OR	TOTAL	806
CLAIMS AS AMENDED - PART II									<u> </u>		]	OTHER	
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTI	TY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER DUSLY	PRESENT EXTRA	RAT	RATE	AD TIOI	NAL		RATE	ADDI- TIONAL
	Total	* 22	Minus	PAID	<u>-он</u> 12	= .	ŀ	X\$ 9≅	FE	<u>:</u>	ЮR	X\$18=	FEE
	Independent	. 3	Minus	***	2	=	ŀ	X43=	+			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		ŀ	7452	1		ÐR	700-	
			. •				L	+145=			OR-	+290=	
								TOTA DDIT. FE			OR	TOTAL ADDIT. FEE	
_		(Column 1) (Column 2) (Column 3)											
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ,		=		X\$ 9=			OR	X\$18=	
	Independent		Minus	***		<b>n</b>	ľ	X43=			OR	X86≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 45				.000	
								+145=			OR	+290= TOTAL	
								DDIT. FE			OR ,	ODIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	TION FEI	AL		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	##		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X43=		$\Box$	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .						+	+145=	<del> </del>		UT		
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									(	OR	+290=	
H	the "Highest Nur I the "Highest Nur	AD	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE						
		ber Previously Paid					founi	d in the a	opropriat	e box	in colu	ımn 1.	